

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040067

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9838

FILED OCT 19 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN St. Louis, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION Enroute City Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri. b. COUNTY St. Louis.

c. CITY

OR  
TOWN University City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6815 Etzel, Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
WilliamMiddle  
H.Last  
Butts4. DATE  
OF  
DEATHMonth  
OctoberDay  
12,Year  
1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/11/1907

## 9. AGE (last birthday)

55

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dentist

## 10b. KIND OF BUSINESS OR INDUSTRY

Denistry

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Robert O. Butts

## 13b. MOTHER'S MAIDEN NAME

Mary F. Hughes

## 14. NAME OF HUSBAND OR WIFE

Myrtle L.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war, or dates of service)

Yes

W. W. #2

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Myrtle L. Butts, 6815 Etzel, Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.

10-15-62

DUE TO (c)

University City, Mo.

## INTERVAL BETWEEN ONSET AND DEATH

1/2 hour

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from April 1951 to present and last saw him alive on Aug. 4, 1962

Death occurred at 12:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Robert C. Hagedorn

## (Degree or title)

M.D.

## 22b. ADDRESS

14 Foyale Walk  
Clayton 5, Mo.

## 22c. DATE SIGNED

10-13-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10-15-62

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Mo.

## (State)

## 24. FUNERAL DIRECTOR

Albert H. Hoppe Inc., 4700 Washington, Blvd.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

OCT 15 1962

## 26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

40067, 324

3

4 6

5 1

6

7 0

8 2

9

10

11

12 91-0

13

91

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harry W. Wilkinson*

Licensed Embalmer No.

*3575*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING; (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.